

**NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES**  
**CRN POC COMPETENCY VALIDATION**

Name: \_\_\_\_\_ Manager or Designee: \_\_\_\_\_  
 Work Area: \_\_\_\_\_ Primary Preceptor: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_ Competency Date: Met \_\_\_\_\_ Not Met: \_\_\_\_\_

Reason for validation: ☐ Orientation ☐ Re-validation ☐ PI Follow-up ☐ Other \_\_\_\_\_

**Key:** 1 = No knowledge/No experience      3 = Knowledge/Done with assistance      **Circle method used for validation:** D = Demonstration    DR = Documentation Review    V = Verbalization  
 2 = Knowledge/No experience      4 = Knowledge/Done independently      T = Test/Quiz      O = Other (specify)

**Competency: Use of Restraints in Behavioral Health – Manages care and seeks to prevent complications in the patient requiring restraints for behavioral health reasons.**

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resource	Comments
						Met	Not Met*		
1. Identifies underlying causes of alteration in patient's behavior.	1	2	3	4	D, DR, V			<u>NPCS SOP:</u> Restraint Papoose (for Behavioral Health children), Management of patients in  Restraints, Management of the Patient in  <u>NPCS Procedure:</u> Restraint Application  Restraint Application in Behavioral Health Settings, Papoose  <u>MAS:</u> Restraint and Seclusion (M94-10)  Experience with preceptor	
2. Identifies how own behaviors can affect behavior of patient.	1	2	3	4	V				
3. Utilizes alternative methods to manage behavioral alterations prior to restraint application.	1	2	3	4	DR				
4. Obtains order for initiation and continued use of restraints per MAS guidelines.	1	2	3	4	DR				
5. Demonstrates correct application of : a. soft limb restraints b. papoose c. leather restraint	1 1 1	2 2 2	3 3 3	4 4 4	D D D				
6. Identifies signs of physical distress in the patient being restrained.	1	2	3	4	D, DR, V				
7. Demonstrates how to perform ROM exercises for a patient in restraints.	1	2	3	4	D				
8. Identifies how developmental age, gender, ethnicity, history of abuse may affect patient reaction to use of physical restraint.	1	2	3	4	V				
9. Describes the content discussed with a patient in a debriefing following a restraint episode.	1	2	3	4	V				
10. Document patient observations per NPCS guidelines.	1	2	3	4	DR				
11. Document each restraint episode through Occurrence Reporting System for Performance Improvement data collection.	1	2	3	4	DR				

**Action Plan for Competency Achievement**  
Targeted Areas for Improvement (Behavioral Indicators):


Educational Activities/Resources Provided:


“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:


Re-evaluation date: \_\_\_\_\_

By: \_\_\_\_\_

- ☐ Competency Met
- ☐ Competency Not Met

Next Step:\_\_\_\_\_